								Application or Docket Number				
	PATENT	APPLICATIO Effect	N FEE D tive Octob	RD	106-83533							
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTH				THAN ENTITY
TOTAL CLAIMS			17		į.		.	RATE	FEE	٦ . ١	RATE.	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/ 7 minus 20=		· 0			X\$ 9=	1	OR	X\$18=	
INDEPENDENT CLAIMS			. 2 minus 3 =		0			X43=	 	OR	X86=	
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL	345	OR	TOTAL	
CLAIMS AS AMENDED - PAR								i Çine	<u> </u>	Jon	OTHER	THAN
	· .	(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 16	Minus ·	- 0	0	= Q		X\$ 9=		ÓR	X\$18=	
ME	Independent	• 2	Minus	B		= 0	l	X43=		OR	X86=	
q	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 	+145=		OR	+290=	
	· .•						L	TOTAL	<u> </u>		TOTAL	
	(Column 1) (Column 2) (Column 3)						. ,	ADDIT. FEE		OR	ADDIT. FEE	·
AMENDMENT B		CLAIMS REMAINING		HIGH	EST	PRESENT	<u> ነ</u>	•	ADDI-] [ADDI-
	÷	AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	<u> </u>	<u> -</u>		X43=		OR	X86=	
Ш	FIRST PRESENTATION OF MULTIPLE			ENUENT		!	+145=		OR	+290=		
	•					٠.	L	TOTAL			TOTAL	
		(Oales== 4)		/O-1	- O	(Cal C'	A	DDIT. FEE	L		ADDIT. FEE	
	`	(Column 1) CLAIMS		(Colum	ST	(Column 3)	_		ADD	f	, -	ADD!
MEN		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		в .		X\$ 9=	-	OR	X\$18=	
	Independent	*	Minus	***		=		X43=			X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		┞	-	,	OR		 -
• 14	the entry in colur	·	+145=		OR	+290=						
H	the "Highest Nur	nber Previously Pai mber Previously Pa	id For IN THIS	S SPACE is	less that	n 20, enter "20."	A	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE	
		ber Previously Paid					r four	nd in the app	propriate box	in colu	umn 1.	

FORM PTO-875 (Rev. 10/03)